

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SD       |        | 09/01/01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | 6b       | 1011   | 01/01/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

09/883665

# INDEX OF CLAIMS

- ✓ \_\_\_\_\_ Rejected
- \_\_\_\_\_ Allowed
- (Through numbers) \_\_\_\_\_ Carved
- + \_\_\_\_\_ Restricted
- W \_\_\_\_\_ Non-elected
- I \_\_\_\_\_ Interference
- A \_\_\_\_\_ Appeal
- O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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